

AUG 24 2005

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(703) 746-4000

or Fax

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26158 7590 06/08/2005  
**WOMBLE CARLYLE SANDRIDGE & RICE, PLLC**  
P.O. BOX 7037  
ATLANTA, GA 30357-0037 10735534  
08/25/2005 HDEMESS2 00000011 090528

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Cheryl West (Depositor's name)  
Cheryl West (Signature)  
August 24, 2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/735,534      | 12/12/2003  | Joseph C. Walsh      | R0291940.2          | 3689             |

TITLE OF INVENTION: TRANSFER GLUE SYSTEM AND METHOD FOR A RIGHT ANGLE GLUING MACHINE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/08/2005 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| FOSTER, JIMMY G | 3728     | 206-162000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Womble Carlyle  
2. Sandridge & Rice, PLLC  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form IS NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Graphic Packaging International, Inc. Marietta, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0528 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature C. Keith MontgomeryDate F-23-05Typed or printed name C. Keith MontgomeryRegistration No. 45,254

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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A PROFESSIONAL LIMITED  
LIABILITY COMPANY

AUG 24 2005

ATLANTA  
CHARLOTTE  
RALEIGH  
RESEARCH TRIANGLE PARK  
WASHINGTON, D.C.  
WINSTON-SALEM

**FACSIMILE**

From: C. Keith Montgomery  
Direct Dial: (404) 879-2443  
Direct Fax: (404) 879-2943  
E-Mail: kmontgomery@wcsr.com  
Attorney Number: 1695

**TO:** Mail Stop Issue Fee      **COMPANY:** Commissioner for Patents

**FAX:** 571-273-2885      **PAGES:** 4 (including cover)

**PHONE:**      **DATE:** August 24, 2005

**RE:** U.S. Application Serial No. 10/735,534      **ATTORNEY**  
DOCKET/REF. NO. R029 1940.2

**ACCOUNTING NO.** 38400.0234.4

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Please call the following number if the message you receive is incomplete or not legible: 404-962-7532

In re Application of: Joseph C. Walsh

**OFFICIAL**

Serial No.: 10/735,534

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OIPE/IAP

Filed: 12/12/2003

For: Transfer Glue System & Method for a Right Angle Gluing Machine

AUG 25 2005

Attached in connection with the above-identified patent application are the following:

- (1) Transmittal Form;
- (2) Part B – Fee Transmittal; and
- (3) Fee Transmittal.

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002/004

AUG 24 2005

PTO/SB/21 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/735,534       |
| Filing Date          | 12/12/2003       |
| First Named Inventor | Joseph C. Walsh  |
| Art Unit             | 3728             |
| Examiner Name        | Foster, Jimmy G. |

Attorney Docket Number R029 1940.2

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | <b>Part B- Fee Transmittal</b>  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| <b>Remarks</b>  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Womble Carlyle Sandridge & Rice, PLLC   |          |        |
| Signature    |  |          |        |
| Printed name | C. Keith Montgomery   |          |        |
| Date         | 8-23-05   | Reg. No. | 45,254 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Cheryl West   |
| Date                  | 8-24-05   |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 24 2005

PTO/SB/17 (12-04v2)

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Effective on 12/06/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1730.00)

## Complete If Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/735,534       |
| Filing Date          | 12/12/2003       |
| First Named Inventor | Joseph C. Walsh  |
| Examiner Name        | Foster, Jimmy G. |
| Art Unit             | 3728             |
| Attorney Docket No.  | R029 1940,2      |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle Sandridge & Rice, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |               |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |               |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |               |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |               |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |               |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |               |

## 2. EXCESS CLAIM FEES

## Fee Description

| Each claim over 20 (including Reissues)                                | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
|  | 50                    | 25       |
| Each independent claim over 3 (including Reissues)                     | 200                   | 100      |
| Multiple dependent claims  | 360                   | 180      |
| Total Claims   | Extra Claims          | Fee (\$) |
| - 20 or HP =   | x                     | =        |
| HP = highest number of total claims paid for, if greater than 20.      |                       |          |
| Indep. Claims  | Extra Claims          | Fee (\$) |
| - 3 or HP =  | x                     | =        |
| HP = highest number of independent claims paid for, if greater than 3. |                       |          |

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          |               |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  Fee Paid (\$)

Other (e.g., late filing surcharge): issue fee (1400); publication fee (300); advance copy fee (30)  1730.00

## SUBMITTED BY

|                   |                     |   |                        |
|-------------------|---------------------|---|------------------------|
| Signature         |                     | Registration No. 45,254<br>(Attorney/Agent) | Telephone 404-879-2443 |
| Name (Print/Type) | C. Keith Montgomery |   | Date 8-27-05           |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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